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154. Mushroom exposures in the United States reported to the Toxicology Investigator's Consortium (Toxic) registry

Muhammad Masood Khalid, Kristin McCloskey and David Vearrier
Drexel University College of Medicine

Objective: The objective of this study was to characterize cases involving mushroom exposure as reported in the Toxicology Investigators Consortium (Toxic) registry.

Methods: The Toxic registry was queried for cases involving mushroom exposure from January 2010 to September 2016. We used descriptive statistics to report the distribution of age, sex, type of mushroom exposure, clinical presentation, and therapeutic interventions.

Results: A total of 44 cases involving mushroom exposures were identified during the 6-year study period. Exposures occurred in persons ranging from age 3 to 76 years, with the median age being 28 years, and were more common in males (55.3%) than females (38.3%). The majority of cases (56.8%) were intentional in nature, with the primary reason (12 cases) for intentional use being “to get high.” The most commonly identified mushrooms were *Psilocybe* spp. (20.4%), *Amanita phalloides* (6.8%), *Amanita muscaria* (2.8%), and *Ganoderma* spp. (2.27%), although a specific mushroom was not known in most cases (68.2%). Clinical symptoms were present in 86.4% of cases. The most commonly reported symptoms were hallucinations (22.7%) and agitation (27.7%). Hallucinations occurred more frequently in conjunction with *Psilocybe* (42%) exposure, while hepatotoxicity was reported most frequently with exposure to *Amanita phalloides* (66.7%). Serotonin syndrome was diagnosed in two cases involving *Psilocybe* mushroom exposure. The most commonly reported interventions were decontamination by activated charcoal (4.5%), symptomatic relief with benzodiazepines (25%), and N-acetylcysteine for hepatotoxicity in six cases (13.6%).

Conclusions: We report frequency descriptive statistics for mushroom poisoning as reported to the Toxic registry from 2010 to 2016. Limitations of our study include the small number of mushroom exposures reported to the registry.